Exhibit A

Case 1:18-cv-09711-GBD-KHP Document 59-1 Filed 01/10/19 Page 2 of 6

INTERNET FORM NLRB 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PONNI EXEMPT UNDER 44 U 5 C 3512
	E IN THIS SPACE
Case 02-CA-205868	Date Filed 9/7/17

INSTRUCTIONS. File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT Tel No a Name of Employer (646) 276-7013 Newyorkpresbyterian Hospital Columbia University Medical Center c. Cell No (646) 385-1610 f Fax No d Address (Street, city, state, and ZIP code) e Employer Representative g e-Mail Roberto Hunte Jr 622 w 168 Street 2nd floor roberthuntejr@nyp org **Emergency Room Patient Access Manager** NY New York 10032h Number of workers employed 5000 Type of Establishment (factory, mine, wholesaler, etc.) j Identify principal product or service Healthcare Facilities Hospital k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a) subsections (1) and (list subsections) 4 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) --See additional page--SEE 0 / 2011 3 Full name of party filing charge (if labor organization give full name including local name and number) Title REDACTED 4b Tel No 4a Address (Street and number, city state, and ZIP code) REDACTED 4c Cell No REDACTED 4d Fax No 4e e-Mail REDACTED 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a lebor organization) Tel No 6 DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief REDACTED Office If any Cell No REDACTED (signature of representative or person making charge) (Print/type name and title or office if any) Fax No e-Mail

WILLFUL FALSE STATEMENTS'ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

09/7/2017 20:43 47

(date)

REDACTED

REDACTED

Address

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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Case Number 02-CA-205868

Date Filed 9/7/17

Basis of the Charge

8(a)(4)

Within the previous six months, the Employer disciplined or retaliated against an employee(s) because the employee(s) filed charges or cooperated with the NLRB

Name of employee disciplined/retallated against	Type of discipline/retaliation	Approximate date of discipline/retaliation
Roberto Hunte Jr	refusal to rehire	03/22/2017
Chastity Cruz	Refusal to rehire	03/22/2017

8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by denying an employee's request for union representation during an disciplinary investigation

Approximate date representation was denied	
03/16/2016-01/16/2017	
01/27/2017	3
January 27 , 2017	
01/27/2017	

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM	EXEMPT	UNDER	44115	C 3512

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File an original with NLRB Regional Director for the region in wh		ring	
a Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b Tel No	
Newyorkpresbyterian Hospital/Columbia University Medica	(646) 973-6708		
		c. Cell No	
	* *	f Fax No	
d Address (Street city state, and ZIP code)	e Employer Representative	I Fax No	
		g e-Mail	
622 w 166th street 2nd floor	Roberto Hunte Jr Emergency Room Patient Access	robertohuntejr @nyp org	
NY néw york 10032	Adm 4 am be a not AA AA am	h Number of workers employed 5000	
Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	Identify principal product or service Hospital		
k The above-named employer has engaged in and is enga		ection 8(a) subsections (1) and (list	
subsections) 3			
practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganiza	eaning of the Act or these unfair labor practices are u		
2 Basis of the Charge (set forth a clear and concise statem	nent of the facts constituting the alleged unfair labor p	Taclices)	
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See additional page		5 = 57	
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O. F. C. same of saids files share different and statement and	Cill and the leading lead are and surphysic	tyre in the second seco	
3 Full name of party filing charge (if labor organization, giv Abraham Z Melamed Esq Title	e full name including local name and number)		
Automative Wichities Edg Title			
4a Address (Street and number, city, state, and ZIP code)		4b Tel No (212) 587-0760	
		4c Cell No	
30 Broad St Fl 35	94		
NY New York 10004-2952		4d Fax No (212) 587-4169	
(4		4e e-Mail	
		abe@dereksmithlaw.com	
5 Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor	
6 DECLARA	TION	Tel No	
I declare that I have read the above charge and that the statem	ients are true to the best of my knowledge and belief	(212) 587-0760	
		Office if any Cell No	
By REDACTED T	Abraham Z Melamed Esq	Sinds it diff Solition	
(signature of representative or person making charge)	(Pnnt/type name and title or office if any)	Fax No (212) 587-4169	
		e-Mail	
30 Broad St Fl 35	09/8/2017 18 57 51	abe@dereksmithlaw.com	
Address New York NY 10004-2952	(dale)	and find the state of the state	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(3)

Within the previous six months, the Employer disciplined or retaliated against an employee(s) because the employee(s) joined or supported a labor organization and in order to discourage union activities and/or membership

Name of employee disciplined/retaliated against	Type of discipline/retaliation	Approximate date of discipline/retaliation
REDACTED	01/27/2017	04/29/2017

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INTERNET FORM NLRB-501 (2-08) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

CHARGE AGAINST EMPLO	YER Case	Date Filed
INSTRUCTIONS:	Q2-CA-20853	1 10-24-17
File an original with NLRB Regional Director for the region in which		
	AGAINST WHOM CHARGE IS BROUGHT	
e. Name of Employer		b. Tel. No. 646-276-7013
New York Presbyterian Hospital, Columbia Univer	sity Medical Center	c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.
622 West 168th Street, 2nd Floor	James A. Girillo,	g. e-Mail
New York, NY 10032	Director, Employment & Labor	AEG9008@nyp.org
146W 101K, 141 10032	Director, Employment & Cabor	h. Number of workers employed 100+
i. Type of Establishment (factory, mine, wholesaler, etc.) hospital	j. Identify principal product or service patient care	
k. The above-named employer has engaged in and is engaging	In unfair labor practices within the meaning of s	section 8(a), subsections (1) and (list
subsections) (3)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the meani within the meaning of the Act and the Postal Reorganization	ng of the Act, or these unfair labor practices are	
2. Basis of the Charge (set forth a clear and concise statement) Within the previous six months and continuing to d Nerelda Morales, by refusing to rehire her because reporting sexual harassment, and attending a unio 3. Full name of party filling charge (If labor organization, give fu REDACTED 4a. Address (Street and number, city, state, and ZIP code) REDACTED	ate, the above-named Employer discri e of her union or protected concerted a n march, or in order to discourage such	minated against its employee moctivity, including filing a grievnace,
	The second secon	
 Full name of national or international labor organization of w organization) 	hich it is an affiliate or constituent unit <i>(to be fille</i>	d in when charge is filed by a labor
6. DECLARATION I declare that I have read the above of arge and that the statements	l are true to the best of my knowledge and belief.	Tel. No. same as above
REDACTED	REDACTED	Office, If any, Cell No.
	(Print/type name and title or office, if any)	Fax No.
	10/24/17	e-Mail
Address same as above	(dete)	

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